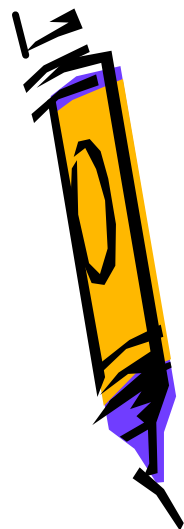


Cyclical Performance Review for Local Education Agencies



Tennessee Department of Education
Division of Special Education

2007-2008



Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

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Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

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Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

INTRODUCTION: Overview (I-A)

Tennessee's Cyclical Performance Review for Local Education Agencies (CPR for LEAs) of Special Education programs is modeled after the federal Office of Special Education Programs (OSEP) process used to monitor State's special education programs. This process is results-oriented and data-driven.

Tennessee's CPR for LEAs begins with a Self-Assessment which is completed by local school systems. The self-assessment is structured around priority areas and indicators, with each indicator supported by data sources used to measure status and progress.

School Districts receive guidance on data sources and analyzing and reporting data pertaining to each indicator. They also have the opportunity to describe current and planned efforts to improve performance on each Indicator.

In addition to the Self-Assessment, there are other components of Tennessee's CPR for LEAs monitoring process. Local Steering Committees assist with efforts to disseminate information and participate in validation visits, with State TN compliance Staff. In comparison to previous State and Federal monitoring efforts, the monitoring process is CONTINUOUS (as opposed to being episodic), is RESULTS ORIENTED (as compared to being technical/procedural) and is PUBLIC AND PARTICIPATORY, and is DATA DRIVEN.

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

INTRODUCTION: Timeline (I-B)

YEAR ONE (#1)

During the summer an announcement letter of participation is sent to the Director of Schools. Early in the school year an overview of the process is provided to all special education supervisors by State Department Personnel. Technical assistance is provided throughout the process with a validation visit conducted when the self-assessment is completed. Identified areas in need of improvement are addressed by means of a written Program Improvement Plan (PIP). Steering committee members review the self-assessment, which is a public document and provide overall approval before it is validated by state staff.

YEAR TWO (#2)

During the spring of year #2, on-site visits are conducted to review Program Improvement Plans (PIPs). If PIPs are not implemented in accordance with approved timelines, sanctions may be applied. Possible sanctions could include: withholding the Comprehensive Plan, withholding state funds, and/or withholding school approval.

YEAR THREE (#3)

During the summer a letter is sent to the Director of Schools requesting that any Program Improvement Plans (PIPs) that are outstanding be completed and documentation provided to the TDOE according to prescribed timelines. A reunion steering committee meeting is held to review improvement actions taken. Sanctions may apply as in Year Two. If all areas are completed satisfactorily, a written confirmation is sent to the Director of Schools verifying that no compliance issues are outstanding within the system and that the self assessment cycle is complete.

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

INTRODUCTION: The Local Steering Committee (I-C)

School systems are strongly encouraged to complete the self assessment with input from a variety of sources. A special education department alone cannot fully implement the requirements of IDEA; therefore, collaboration between general and special education and the community is necessary for compliance. This committee will develop a snapshot of where the school system is, identify and address areas for targeted program improvement and establish a starting point to evaluate future progress.

Once the steering committee is formed each member will need to have a clear understanding of the monitoring process and IDEA requirements. They will then need to review what the school system is currently doing and what data is needed to support this. Finally, they will need to identify any IDEA requirements that are not being met and develop procedures to correct these areas. Based on the area of expertise of the committee members, it would be advisable to assign specific portions or sections of the self assessment to certain members for completion.

The size and composition of the committee is up to each LEA. However, the following are possible representatives to be considered:

Teachers – Regular and Special Education

Administrators – Regular and Special Education

Parents (Preferably at least two, non school employees, to represent elementary and secondary. Larger systems may also want a middle school representative.)

Students with disabilities

Assessment Personnel

Related Service Personnel

Paraprofessionals

Vocational Teachers – Voc. Rehab Staff

Agencies – TEIS, STEP, TPA, Head Start

School Board Members

Community Members

`Free Appropriate Public Education in
the Least Restrictive Environment`

FAPE

IN THE

LRE



FLRE



Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2006-2007

CURRENT SCHOOL YEAR IS 2007-2008

Priority Area: FAPE IN THE LRE (FLRE)	
<p>What is the percent of youth with IEPs graduating from high school with a regular high school diploma compared to the percent of all youths in the system graduating with a regular high school diploma?</p> <p>Comments:</p> <p><i>Percent for Special Education = End of Year Table 4, Section C</i></p> <p>Percentage for all youth = _____ % (Data Source #2)</p> <p>Indicator Achieved: Yes / No / Partially <i>(Circle one)</i></p> <p>If no or partially, complete P.I.P. form provided in Appendices</p>	
Required Data Sources	
<p>1.) End of Year Table 4, Section C</p> <p>2.) System Report Card / most recent published / <i>(graduates with regular high school diplomas)</i></p>	
Authority:	
Federal – 2004	TN Regs
20USC 1412 (a) (15)	0520-1-9-.13 (1) (b) TN ADV Council - Goal #1
<p>State Target <u>90%</u> for “all” youth</p> <p>Note: The 06-07 statewide general education diploma percentage for SPED students was ____%. Any LEA whose rate is below ____% for the 06-07 school year must complete a PIP. In future years we are looking for at least a 1.5% annual increase in the number of SPED students receiving GEN ED diplomas.</p> <p>If this target is not met, a PIP should be written. Include reference to the following information in writing the PIP.</p> <ol style="list-style-type: none"> 1. What steps are being taken to increase the rates of students with disabilities graduating with a regular high school diploma?. Address the following in your response: accommodations, access to the general curriculum, staff development/training, remedial education programs. 2. How does a student earn a regular high school diploma in your school system? List graduation requirements to obtain a regular high school diploma. 3. What remediation is offered to help students pass the gateway examinations? (i.e., purchase of special materials, learning labs, etc) 	
Division Use Only	SPP/APR
FLRE #1	
<p>Date of Validation: _____ Reviewing Consultants: _____</p> <p>Additional Info/Comments:</p>	

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2006-2007

CURRENT SCHOOL YEAR IS 2007-2008

Priority Area: FAPE IN THE LRE (FLRE)			
What is the percent of youth with IEPs dropping out of high school compared to the *percent of <u>all</u> youth dropping out of high school?			
Comments: Percent for SPED = End of Year Table 4, Section C Percent for all Youth = _____% (Data source #2)			
Indicator Achieved: Yes / No / Partially (<i>Circle one</i>) If state target is not met, response must be “No” or “Partially”.			
If no or partially, complete P.I.P. form provided in Appendices			
Required Data Sources			
1. End of Year Report, Table 4, Section C 2. System Report Card, Drop Out Rate			
Authority:			
Federal - 2004		TN Regs	
20USC 1412 (a) (15)		300.552(e) 300.308 0520-1-9-.03	
State Target = <u>10</u>% If this target is not met, a PIP should be written. Include reference to the following information in writing the PIP. 1. What measures are you taking to prevent drop-outs? Address the following areas in your response: attendance, diploma options, vocational and job prep programs, transition programs, behavior management, student involvement in the IEP process. 2. Do potential drop-outs receive any type of counseling? If so, describe the types of counseling offered. 3. Is training provided for staff members in recognizing potential drop-outs? If so, describe trainings offered.			
Division Use Only	SPP/APR	FLRE	#2
Date of Validation: _____ Reviewing Consultant : _____ Additional Info/Comments:			

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

DO NOT ANSWER - THIS INFORMATION ANALYZED IN THE SPP/APR FOR TN

PREVIOUS SCHOOL YEAR IS 2006-2007

CURRENT SCHOOL YEAR IS 2007-2008

Priority Area: **FAPE IN THE LRE(FLRE)**

- A. How many schools in your system did not make AYP for students with disabilities? # = _____. % _____. List or attach a list of schools that did not make AYP.
- B. What are the "participation rates" in your system for students with disabilities on statewide assessment?
 Elementary/Middle Reading _____ High School Reading _____
 Elementary/Middle Math _____ High School Math _____
- C1. What are the "proficiency rates" in your system for students with disabilities taking statewide assessments?
 Elementary/Middle Reading _____ High School Reading _____
 Elementary/Middle Math _____ High School Math _____
- C2. What are the "proficiency rates" in your system for students taking alternate assessments (portfolio and ASA)?
 Elementary/Middle Reading _____ High School Reading _____
 Elementary/Middle Math _____ High School Math _____

Proficient = Proficient plus advanced

Indicator Achieved: Yes / No / Partially (*Circle one*) If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources:

Authority:

<i>Federal – 2004</i>	TN Regs
20USC 1412 (A) (15)	0520-1-9-.02 TN ADV Council – Goal #1 1 & c2

State Target A = NA State Target B = 95% State Target C = Same as NCLB proficiency rates
 If targets are not met in any area, answer the following questions and include results in development of a PIP.

QUESTIONS for A: NONE

QUESTIONS for B:

What action steps have you implemented or will you implement to ensure that the participation rate for children with IEPs will increase?

QUESTIONS for C:

- What action steps have you implemented or will you implement to ensure that the proficiency rate for children with IEPs will increase?
- Have teachers and staff received training in the use of accommodations for children with IEPs? As applicable, have teachers and staff received training in the areas of Gateway standards and Alternate Assessments?
- If teachers and staff are not adequately trained, what action steps will be implemented to ensure that teachers and staff are adequately trained?

Division Use Only	SPP/APR	FLRE #3
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Date of Validation: _____ Reviewing Consultant: _____

Additional Info/Comments:

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2006-2007

CURRENT SCHOOL YEAR IS 2007-2008

Priority Area: FAPE IN THE LRE (FLRE)

a. Is there a "significant discrepancy" in the rate of suspension/expulsion of students with disabilities for greater than 10 days in a school year within the school district? (Compare your suspension rate to the TDOE discrepancy rate in order to determine significance.)

Comments: Include in response how students suspended greater than 10 days are served.

Indicator Achieved: Yes / No / Partially (Circle one) If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

2007 End of the Year Report, Table 5

Authority:

Federal – 2004

20USC 1416 (a) (4)
20USC 1412 (22)

TN Regs

0520-1-9-.03
0520-1-9-.15

a. Significant Discrepancy >1%

If this target is not met, a PIP should be written. Include reference to the following information in writing the PIP.

1. Are disciplinary removals of students with IEPs from their current placements applied to the same extent as for students without IEPs?
2. If the LEA has not yet conducted a Functional Behavior Assessment and implemented a Behavior Intervention Plan, what actions are taken? (Include all steps)
3. If a student already has a BIP and an FBA has been completed, what steps may be taken to review and modify the plan as needed?
4. Do students who are suspended for more than 10 days continue to receive special education services and is an FBA conducted?

Division Use Only

SPP/APR

FLRE

#4

Date of Validation: _____ Reviewing Consultant: _____

Additional Info/Comments:

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2006-2007

CURRENT SCHOOL YEAR IS 2007-2008

Priority Area: FAPE IN THE LRE (FLRE)

What is the percent of children with IEPs age 6 through 21 years of age:

- A. In the Regular Class at least 80% of the time. _____% (Line A Total divided by Line A through H Totals)
- B. In the Regular Class less than 40% of the time. _____% (Lines C thru H Total divided by Line A through H Totals)
- C. Served in public/private separate schools, residential placements, Homebound/Hospital placements _____% (Line D through F Totals divided by Line A through H Totals)

Comments:

Indicator Achieved: Yes / No / Partially (*Circle one*) If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

1. Dec.1, 2006 Census Report, Table 3, Section G

Authority:

Federal – 2004	TN Regs
20USC 1416 (A) (3) (a)	0520-1-9-.12 0520-1-9-.10 0520-1-9-.08 0520-1-9-.03

State Targets A _____% B _____% C _____% (Source: State Performance Plan))

Note: To clarify, If the 06-07 percentages is below _____% for A, above _____% for B, or above _____% for C, a PIP must be written. Keep in mind that percents for A need to be rising, for B need to be decreasing, and percents for C need to be decreasing or maintained. (Source: State Performance Plan)

If any of these targets are not met, a PIP should be written. Include reference to the following information in writing the PIP.

1. How many option 7 and above students are in your school system? How many special education students are in your system?
2. Are all placement options considered for all students with IEPs?

Division Use Only	SPP / APR	FLRE	#5
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Date of Validation: _____ Reviewing Consultant: _____

Additional Info/Comments:

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2006-2007

CURRENT SCHOOL YEAR IS 2007-2008

Priority Area: FAPE IN THE LRE(FLRE)

What is the percent of preschool children with IEPs who receive special education and related services in settings with typically developing peers?

Comments:

_____ % percent (Table 3 Child Count Report)= Line A1+A2+ A3 / Total

Refer to this percentage in a narrative response.

Indicator Achieved: Yes / No / Partially (Circle one) If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

1. *Dec. 1, 2006, Census Report, Table 3, Section A*

Authority:

Federal - 2004

TN Regs

20USC 1416 (a) (3) (A)

0520-1-9-.03 (2)(k)(5)
0520-1-9-.12
TN Adv Council Goal #3

State Target 90 %

If this target is not met, a PIP should be written. Include reference to the following information in writing the PIP.

1. If preschool children with IEPs in your system are primarily receiving special education and related services in an Early Childhood Special Education Setting or other setting without typically developing peers, what opportunities could you provide for their participation (even part-time) with typically developing peers?
2. Is there a regular education preschool, Head Start, or private daycare facility that your system could utilize for integrating students through reverse mainstreaming, etc?
3. If classes for preschool children with IEPs are located in regular elementary schools, what could you do to provide greater opportunities for typically developing peer interaction that has not already been offered?

Division Use Only

SPP/APR

FLRE

#6

Date of Validation: _____ Reviewing Consultants: _____

Additional Info/Comments:

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

DO NOT ANSWER - This information will be collected by the Coordinator of Preschool Services.

PREVIOUS SCHOOL YEAR IS 2006-2007

CURRENT SCHOOL YEAR IS 2007-2008

Priority Area: FAPE IN THE LRE (FLRE)

What is the percent of preschool children with IEPs who:

- demonstrate positive social-emotional skills(including social relationships) _____ %
- acquire and use knowledge and skills (including early language/communication and early literacy) and _____ %
- demonstrate appropriate behaviors to meet their needs? _____ %

Comments:

Indicator Achieved: Yes / No / Partially (*Circle one*) If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

Authority:

Federal - 2004

TN Regs

20 USC 1416 (a) (2) (A) & (a) (4)

TN ADV Council - Goal #1

Division Use Only

APR

FLRE

#7

Date of Validation: _____

Reviewing Consultant: _____

Additional Info/Comments:

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

DO NOT ANSWER - This information will be collected by APR Coordinator.

PREVIOUS SCHOOL YEAR IS 2006-2007

CURRENT SCHOOL YEAR IS 2007-2008

Priority Area: FAPE IN THE LRE(FLRE)

What is the percent of parents with a child receiving special education services who report that the school system facilitated parent involvement as a means of improving services and results for children with disabilities?

The sampling method: 1. Send Survey home to all parents of exceptional students. 2. Allow 2 weeks response time. 3. Summarize those returned in response to the above indicator.

Indicator Achieved: Yes / No / Partially *(Circle one)* If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

1. Parent Survey Tally - TDOE form A2a

Authority:

Federal - 2004

TN Regs

20USC 1416 (a) (4)

TN ADV Council – Goal #7

State Target = 90% "Agree + Partially Agree" Grand total. If this target is not met, a PIP should be written.

Subject matter of questions with an "Agree/Partially Agree" rate below 90% should be included in PIP steps.

Division Use Only

SPP/APR

FLRE

#8

Date of Validation: _____ Reviewing Consultant: _____

Additional Info/Comments:

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2006-2007

CURRENT SCHOOL YEAR IS 2007-2008

Priority Area: FAPE IN THE LRE (FLRE)

Are facilities that serve students with disabilities comparable and accessible?

Indicator Achieved: Yes / No / Partially *(Circle one)* If state target is not met, response must be “No” or “Partially”.

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

TDOE Data Sheet A3 / “Facilities Checklist ”

Authority:

Federal - 2004

34 CFR 104.21-22
20 USC 1404

TN Regs

0520-1-9-.08 (8) (a, b, c)

TN ADV Council – Goal #2

State Target 100%

All “No’s” from the facility checklist should be justified /explained in this response. If “No’s” cannot be justified, write a Program Improvement Plan (PIP).

Division Use Only

Not Direct APR

FLRE

#8a

Date of Validation: _____ Reviewing Consultant: _____

Additional Info/Comments:

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

DO NOT ANSWER / THIS INFORMATION WILL BE COLLECTED BY THE DIRECTOR OF JUVENILE SERVICES AND / OR THE INCARCERATED YOUTH COMPLIANCE CONSULTANT PER THEIR INSTRUCTIONS

PREVIOUS SCHOOL YEAR IS 2006-2007

CURRENT SCHOOL YEAR IS 2007-2008

Priority Area: FAPE in the LRE(FLRE)

Do eligible youth with disabilities in local juvenile and adult correctional facilities receive FAPE and are they offered the same rights under IDEA as children and youth with disabilities served by public agencies?

Comments:

Indicator Achieved: Yes / No / Partially *(Circle one)* If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

Data to be identified by TDOE Director of Juvenile Services

Authority:

Federal - 2004

TN Regs

300.300

0520-1-9-.08

TN ADV Council – Goal #1

State Target _____

(Not Direct APR)

Division Use Only

SPP/APR

FLRE

#8b

Date of Validation: _____ Reviewing Consultants: _____

Additional Info/Comments:

DISPROPORTIONALITY



DISP



Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

DO NOT ANSWER - THIS INFORMATION ANALYZED IN THE SPP/APR FOR TN

PREVIOUS SCHOOL YEAR IS 2006-2007

CURRENT SCHOOL YEAR IS 2007-2008

Priority Area: DISPROPORTIONALITY (DISP)

What is the percent of disproportionate representation of racial and ethnic groups in each special education and related service setting that is the result of inappropriate identification?

Comments:

Indicator Achieved: Yes / No / Partially *(Circle one)* If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

1. TDOE Disproportionality Report (Provided by TDOE)

Authority:

Federal – 2004

20USC 1416 (A) (3) (C) AND
20USC 1418 (D)

TN Regs

TN ADV Council – Goal #1

State thresholds are ____ and ____ for 05-06.

If state thresholds are not met, answer the following question and include results in the development of a PIP.

INTERVENTIONS: Is there a disparity between what is being provided to minority students versus what is being provided for non- minority students? Yes ____ / No ____ (If Yes, address in PIP)

EVALUATION: Are different criteria used to evaluate minority students compared to non-minority students?
Yes ____ / No ____ (If Yes, address in PIP.)

PLACEMENT: Is there disparity in placing minority students in self contained classes while allowing non-minority students to be served through resource classes? Yes / No (If Yes, address in PIP.) Are large numbers of non-minority students placed on the regular diploma track while only small numbers of minority students are placed on this track.? Yes / No (If Yes, address in PIP.)

Division Use Only

SPP / APR

DISP #9

Date of Validation: _____ Reviewing Consultant: _____

Additional Info/Comments:

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

DO NOT ANSWER - THIS INFORMATION ANALYZED IN THE SPP/APR FOR TN

PREVIOUS SCHOOL YEAR IS 2006-2007

CURRENT SCHOOL YEAR IS 2007-2008

Priority Area: DISPROPORTIONALITY (DISP)	
<p>What is the percent of disproportionate representation of racial and ethnic groups in “special disability categories” that is the result of inappropriate identification?</p> <p>Comments:</p>	
<p>Indicator Achieved: Yes / No / Partially (<i>Circle one</i>) If state target is not met, response must be “No” or “Partially”.</p>	
<p>If no or partially, complete P.I.P. form provided in Appendices</p>	
Required Data Sources	
<p>1. TDOE Disproportionality Report (Provided by TDOE)</p>	
Authority:	
Federal - 2004	TN Regs
<p>20USC 1416 (A) (3) (C) AND 20USC 1418 (D)</p>	<p>TN ADV Council – Goal #1</p>
<p>State thresholds are ____ and ____ for 05-06. If state target is not met, answer the following question and include results in the development of a PIP.</p>	
INTERVENTIONS:	<p>Is there a disparity between what is being provided to minority students versus what is being provided for non- minority students? Yes ____ / No ____ (If Yes, address in PIP)</p>
EVALUATION:	<p><i>Are different criteria used to evaluate minority students compared to non-minority students?</i></p> <p>Yes ____ / No ____ (If Yes, address in PIP.)</p>
PLACEMENT:	<p><i>Is there disparity in placing minority students in self contained classes while allowing non-minority students to be served through resource classes? Yes / No (If Yes, address in PIP.) Are large numbers of non-minority students placed on the regular diploma track while only small numbers of minority students are placed on this track.? Yes / No (If Yes, address in PIP.)</i></p>
Division Use Only	APR DISP #10
<p>Date of Validation: _____ Reviewing Consultant: _____</p> <p>Additional Info/Comments:</p>	

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

DO NOT ANSWER - THIS INFORMATION ANALYZED IN THE SPP/APR FOR TN

PREVIOUS SCHOOL YEAR IS 2006-2007

CURRENT SCHOOL YEAR IS 2007-2008

Priority Area: DISPROPORTIONALITY (DISP)

Analyze the system's ratio of disproportionate representation of racial and ethnic groups identified as "intellectually gifted" that is the result of inappropriate child find and identification. Include the actual ratio in your response

Comments: When requested, LEAs reply to this area as a separate indicator as TN includes "intellectually gifted" in its exceptionally categories for special education eligibility.

Indicator Achieved: Yes / No / Partially (*Circle one*) If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

1. TDOE Disproportionality Report (Provided by TDOE)

Authority:

Federal - 2004

TN Regs

20USC 1416 (A) (3) (C) AND
20USC 1418 (D)

TN ADV Council – Goal #1

State Ratios/Threshold are _____ and _____ for 05-06.

If these ratios are not met answer the following question in order to determine improvement needs and strategies.

1. **ASSESSMENT** a. Describe procedures for screening – both grade level and individual for potential placement in gifted programs.
b. Describe comprehensive special education as well as general education evaluations for giftedness.
2. Describe alternative assessment procedures for placement in special education as well as general education gifted programs.
3. Discuss numbers of students eligible (evaluated and placed) for gifted education services in special education as well as general education programs.
4. How many students are receiving gifted services through special education programs and through general education programs?

Division Use Only

APR

DISP

#10a

Date of Validation: _____

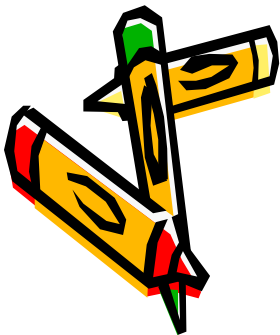
Reviewing Consultant: _____

Additional Info/Comments:

EFFECTIVE GENERAL SUPERVISION



EGS



Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2006-2007

CURRENT SCHOOL YEAR IS 2007-2008

Priority Area: EFFECTIVE GENERAL SUPERVISION/CHILD FIND (EGS/CF)

What is the percent of children, with parental consent to evaluate, who were evaluated and eligibility determined within 40 school days?

% = $\frac{\text{Total eligible \& ineligible completed within 40 days}}{\text{Total \# consent received}}$ = _____ %

During the 07-08 school year written parental consent for initial evaluation was received for _____ students.

Of those _____, _____ (_____ %) were completed within 40 school days. Of those completed within 40 school days, _____ were found to be eligible for special education and related services, and _____ students were determined ineligible for services. Give the number of students not meeting 40 school day timeline, number of days past due, and identify reasons that your system is not meeting 40 school days timelines for evaluations and eligibility determinations.

Comments:

Indicator Achieved: Yes / No / Partially *(Circle one)* If state target is not met, response must be “No” or “Partially”.

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

- LEA Data on “consent to eligibility determination” (i.e. consent date, elig. mtg date,, eligible Yes / No, 40 days met Yes / No

Authority:

Federal – 2004	TN Regs
20USC 1414 (a) (1) 20USC 1416 (a) (3) (B)	0520-1-9-.05 TN Advisory Council Goal #7

State Target = 100%

If this target is not met, a PIP should be written. Include reference to the following information in writing the PIP.

- What can be done to remedy this problem?

Division Use Only

SPP/ APR

EGS/CF #11

Date of Validation: _____ Reviewing Consultant: _____

Additional Info/Comments:

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2006-2007

CURRENT SCHOOL YEAR IS 2007-2008

Priority Area: EFFECTIVE GENERAL SUPERVISION/CHILD FIND (EGS/CF)

Do children receive timely reevaluations within 3 years of previous eligibility determination?

Indicator Achieved: Yes / No / Partially (*Circle one*) If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

1. Easy IEP Compliance Summary Report (date to be determined by TDOE).

Authority:

Federal – 2004

TN Regs

20USC 1414 (a) (2) (B)

0520-1-9-.02, .03, .05

TN Advisory Council – Goal #7

State Target = 100%

If this target is not met, a PIP should be written. Include reference to the following information in writing the PIP.

1. Identify reasons that your system is not meeting the 3 year reevaluation timelines for eligibility determination.
2. What can be done to remedy this problem?

Division Use Only

Not Direct SPP / APR

EGS/CF #11a

Date of Validation: _____ Reviewing Consultant:: _____

Additional Info/Comments:

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2006-2007

CURRENT SCHOOL YEAR IS 2007-2008

Priority Area: **EFFECTIVE GENERAL SUPERVISION/CHILD FIND (EGS/CF)**

Do student record reviews support compliance with federal and state requirements for IEPs, evaluations and eligibility procedures?

Indicator Achieved: Yes / No / Partially (Circle one) If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

1. TDOE Tally Forms A4a, A5a (completed by TDOE)
2. Five IEPs previous year exited seniors (should include Summary of Performance and Exit IEP meeting Documentation, change of placement documented on Prior Written Notice Form) TDOE Tally Form (A6a) ???

Authority:

Federal - 2004	TN Regs
USC1400 (c)(5)(E)	0520-1-9-.03 TCA 49-6-3004 TN Advisory Council – Goal #7

A PIP will be required for all items identified through student record reviews that have 10% or more minus rates.

Division Use Only

Not Direct APR

EGS/CF #11b

Date of Validation: _____ Reviewing Consultant _____

Additional Info/Comments:

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2006-2007

CURRENT SCHOOL YEAR IS 2007-2008

Priority Area: EFFECTIVE GENERAL SUPERVISION/CHILD FIND (EGS/CF)	
Are efforts for "child find," "evaluation," and "provision of services" coordinated?	
Indicator Achieved: Yes / No / Partially <i>(Circle one)</i> If state target is not met, response must be "No" or "Partially". If no or partially, complete P.I.P. form provided in Appendices.	
Required Data Sources	
1. Contracts (for services to students served outside the LEA) 2. Contact (a meeting)with private school officials and parents of parentally placed private school and home schooled children. (Contact should include: explanation of child find process, determination of proportionate amount available for special education services, types of services provided, and signed affirmation of this consultation). 3. End of Year Report (Table 3, Section I) "Child Find Summary" 4. Sample copy of media announcement, flyer, or brochure utilized for child find. and distribution list for these items.	5. "Failed" Screenings Follow Up Documentation (Vision/hearing) Sample Letters 6. System Report Card – Demographics Page (If over 18% or under 12% special education population explain in response.) 7. Procedures for adoption of transfer student IEPs & Eligibility. 8. Records transmittal Procedure (sending and requesting)
Federal - 2004	TN Regs
20USC1412(a)(3)(A) 20USC1412(a)(A)(ii) "No" Child Left Behind" Act of 2002	0520-1-9-.02 0520-1-9-.03 0520-1-9-.04 0520-1-9-.05 0520-1-9-.08 (2)(a) TN Advisory Council - "ALL Goals"
No State Target	
Division Use Only	Not Direct SPP / APR
EGS/CF #11c	
Date of Validation: _____ Reviewing Consultant _____ Additional Info/Comments:	

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2006-2007

CURRENT SCHOOL YEAR IS 2007-2008

Priority Area: EFFECTIVE GENERAL SUPERVISION/EFFECTIVE TRANSITION (EGS/ET)

What is the percent of children referred by Part C prior to age 3 and found eligible for Part B who have an IEP developed by their third birthday?

Indicator Achieved: Yes / No / Partially *(Circle one)* If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

1. Part C to B transition reports per TEIDS/Easy IEP (Provided by TDOE)

Authority:

Federal - 2004	TN Regs
20USC 1416 (a) (3) (b) 20USC 1437 (a) (9)	0520-1-9-.03 0520-1-9-.08 TN Advisory Council – Goal # 1

State Target 100%

If this target is not met, a PIP should be written. Include reference to the following information in writing the PIP.

1. Explain why students referred and found to be eligible did not have an IEP written and signed by their 3rd birthday.
2. What steps can the system take to increase the percentage of students being served by their 3rd birthday?

Division Use Only	SPP / APR	EGS/ET	#12
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Date of Validation: _____ Reviewing Consultant: _____

Additional Info/Comments:

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2006-2007

CURRENT SCHOOL YEAR IS 2007-2008

Priority Area: EFFECTIVE GENERAL SUPERVISION/EFFECTIVE TRANSITION (EGS/ET)

What is the percent of youth age 16 and above with an IEP that includes appropriate, measurable post-secondary goals and transition services that will reasonably enable the student to meet post secondary goals?

Indicator Achieved: Yes / No / Partially *(Circle one)* If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

1. TDOE Tally Form A5a
(completed by TDOE)

Authority:

Federal – 2004	TN Regs
20USC 1416 (a) (3) (B) and 20USC 1402 (34)	0520-1-9-.11 TN Advisory Council – Goal #2

State Target = 100%

If this target is not met, a PIP should be written. Include reference to the following information in writing the PIP.

1. What areas of transition provide the most need for training in your system?
2. Who could best provide training in these areas for your system? (i.e. local staffer outside trainers)
3. How can students in your system be better prepared for employment or post-secondary schooling in the future?

Division Use Only	SPP / APR	EGS/ET	#13
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Date of Validation: _____ Reviewing Consultant: _____

Additional Info/Comments:

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

DO NOT ANSWER - THIS INFORMATION WILL BE COLLECTED BY THE APR COORDINATOR

PREVIOUS SCHOOL YEAR IS 2006-2007

CURRENT SCHOOL YEAR IS 2007-2008

Priority Area: EFFECTIVE GENERAL SUPERVISION/EFFECTIVE TRANSITION (EGS/ET)

DO NOT ANSWER IN YEAR #1

What is the percent of youth who had IEPs, and are no longer in secondary school A.) who have been competitively employed, B.) enrolled in some type of post secondary school, or C.) both, within one year of leaving high school? Please give percentages for each a, b, & c.

Indicator Achieved: Yes / No / Partially *(Circle one)* If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

1. TDOE Data Sheet - Post School Follow Up Survey Tally Sheet

Authority:

Federal - 2004	TN Regs
20USC 1416 (a) (4) and 20USC 1416 (a) (2) (A)	0520-1-9-.11 TN Advisory Council – Goals #1 & #2

(State Target = NA %)

If this target is not met, a PIP should be written. Include reference to the following information in writing the PIP.

1. Per the survey, was a relationship found between transition planning and post-secondary activities? If no, please explain.
2. Were students assisted by linking them to any needed post-school adult services, supports or programs? If no, please explain.
3. How will the results of this survey be used to influence future transition planning?

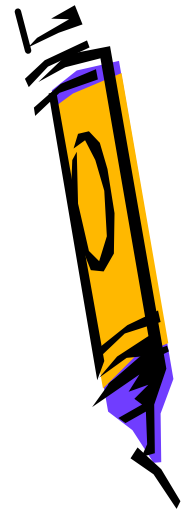
Division Use Only	SPP / APR	EGS/ET	#14
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Date of Validation: _____ Reviewing Consultant: _____

Additional Info/Comments:

“Appendices”

of the Self Assessment



Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

APPENDICES:

- A1 Program Improvement Plan (P.I.P.) Form
- A3 Facilities / Accessibility Checklist
- A4 Evaluation and Procedural Safeguards Data Form
- A4a Evaluation and Procedural Safeguards Tally Form
- A5 IEP Data Form
- A5a IEP Data Tally Form
- A5b LEA List of Student Records Reviewed
- A6 Summary of Performance Review Form
- A6a Summary of Performance Review Tally Form
- A7 Local Steering Committee Invitees
- A8 Local Steering Committee Attendees
- A9 Exit Conference Agenda Year #1
- A10 Reunion Steering Committee Meeting Agenda Year #3

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

Program Improvement Plan (P.I.P.)

A1

LEA _____

A. Monitoring Priority: FLRE, DISP, EGS
(Please circle one)

Indicator # _____

B. Action Steps (Number each, give timelines and proposed documentation)

TDOE USE ONLY

Date Reviewed _____ By _____ Status _____

Date Reviewed _____ By _____ Status _____

Date Reviewed _____ By _____ Status _____

Date Reviewed _____ By _____ Status _____

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

FACILITIES/ACCESSIBILITY CHECKLIST

FLRE #8a

A3

Page 1 of

Reply with Yes, No, or NA. Justify all "No's" in the indicator response or write a Program Improvement Plan (PIP).

<i>School</i>	<i>ADA Parking Spaces Provided & Marked (i.e. sign)</i>	<i>ADA Building Access Obvious</i>	<i>ADA Curb Cuts Available (where needed)</i>	<i>ADA Ramps/ Elevators Provided (where needed)</i>	<i>ADA Water- fountain Accessible</i>	<i>ADA Restroom Accessible</i>	<i>FYI Physically Disabled Students Present</i>	<i>IDEA Appropriate Areas Accessible (Libraries, Cafeteria, gym)</i>	<i>IDEA Sp. Ed. Classrooms Comparable</i>	<i>Comments</i>

School System: _____ Reviewer: _____ Date: _____

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

INSTRUCTIONS FOR EVALUATION / PROCEDURAL SAFEGUARDS And IEP DATA SHEETS

Comprehensive student file reviews should be completed and submitted to the Tennessee Department of Special Education during your system's self assessment. This should be a representative sample of student records by disability, grade level, school and special education teacher or related service provider. The most practical way to ensure this representative sample is to request the review of two records from each special education teacher or service provider.

Complete the *Evaluation & Procedural Safeguards Data Sheet (A4)* and *Individualized Educational Program Data Sheet (A5)* for each student file reviewed. Each line is scored with a plus (+), minus (-), or NA. An explanation of each minus should be provided in the comments section of the appropriate line.

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

EVALUATION & PROCEDURAL SAFEGUARDS DATA SYSTEM *FORM* (ties to EGS #11b)

A4

Completed by _____

School System _____

School _____

Student _____

Grade _____ Date _____

		LEA Only	TDOE Only	COMMENTS (Required for each minus)
A.	EVALUATION DATA - Eligibility Report	+/- NA	+/- NA	
1	Record Access available			
2	Current Eligibility Report - Date: _____			
3	Primary Disability Stated : _____			
4	Ruled out Lack of: Reading / Math / LEP			
5	Educ. Relevant medical findings reported			
6	Eval. Results documented w/documentation attached			
7	All those involved in assessment (2+)			
8	Student's disability adversely affects performance			
9	IEP team members signed (3+ professionals)			
10	Parent Received copy of eval. used in this eligibility			
B.	Initial evaluation - Date: _____			
1	Parent input			
2	Current classroom based assessment			
3	Current classroom based observation			
4	Teachers/related service providers observations			
5	Validate disability standards met (see attached A4 DRS)			if (-) what's missing?"
C.	Procedural Safeguards (Initial Evaluation)	XXXXXXXX	XXXXXXXX	
1	Prior Written Notice for assessment Date: _____			
2	Notice and consent for evaluation Date: _____			
3	Consent for initial placement (IEP) Date: _____			
4	Prior Written Notice for placement Date: _____			
5	Verify 40 school days - Consent recv'd to plcmnt (2+3)			
D.	Behavior assessment/Behavior Intervention Plan If needed			

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)
Evaluation & Procedural Safeguards Data Form Page 2

A4

School System _____

School _____

Student _____

Grade _____

Date _____

		LEA Only +/- NA	TDOE Only +/- NA	COMMENTS (Required for each minus)
E.	Re-evaluation Summary Date: _____			
1	Review Previous Data			
2	Current classroom-based assessment			
3	Re-evaluation determination			
	a. No additional assessment required			
	b. Yes, requires additional assessment, if yes, do c.			
	c. Validate disability standards met (see attached A4 DRS)			If (-) what's missing?
4	Current parent input			
5	Current classroom-based observations			
6	Teachers / related service providers observations			
7	Current Re-evaluation within 3 years of previous date.			
F.	Procedural Safeguards (reevaluation)	XXXXXXX	XXXXXXX	
1	Prior Written Notice (PWN)for re-eval. Date: _____			
2	Consent for re-evaluation or doc. of effort.			
3	Prior Written Notice for Change of Placement.			
G.	Invitation to a Meeting (Review an invitation within last year)	XXXXXXXXX	XXXXXXX	
1	Parent invited			
2	Student invited(at age 14 or earlier, if appropriate)			
3	Transition box checked (at 14 or earlier, if appropriate)			
4	Invitation at least 10 days prior to meeting			

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

TALLY FORM

A4a

EVALUATION & PROCEDURAL SAFEGUARDS DATA SYSTEM (ties to EGS #11b)

System/ LEA _____

Completed by _____

Total Files Reviewed by LEA _____

Date _____

Total files Reviewed by TDOE _____ x 10% = _____. Exception Rate (This number of minuses on any line represents an exception and should be addressed in a PIP.)

School _____ (If this is a "School Only" Tally) optional

		Minuses	Total Minuses	PIP Required (Yes or No)
A.	EVALUATION DATA - Eligibility Report			
1	Record Access available			
2	Current Eligibility Report - Date: _____			
3	Primary Disability Stated : _____			
4	Ruled out Lack of: Reading / Math / LEP			
5	Educ. Relevant medical findings reported			
6	Eval. Results documented w/documentation attached			
7	All those involved in assessment (2+)			
8	Student's disability adversely affects performance			
9	IEP team members signed (3+ professionals)			
10	Parent Received copy of eval. used in this eligibility			
B.	Initial evaluation - Date: _____			
1	Parent input			
2	Current classroom based assessment			
3	Current classroom based observation			
4	Teachers/related service providers observations			
5	Validate disability standards met (see attached)			
C.	Procedural Safeguards (Initial Evaluation)	XXXXXXXX	XXXXXXXX	
1	Prior Written Notice for assessment Date: _____			
2	Notice and consent for evaluation Date: _____			
3	Consent for initial placement (IEP) Date: _____			
4	Prior Written Notice for placement Date: _____			
5	Verify 40 school days - Consent recv'd to plcmnt (2+3)			
D.	Behavior assessment/Behavior Intervention Plan If needed			

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

Evaluation & Procedural Safeguards Tally Form Page 2

A4a

School System: _____

		Minuses	Totals Minuses	PIP Required (Yes or No)
E.	Re-evaluation Summary Date: _____			
1	Review Previous Data			
2	Current classroom-based assessment			
3	Re-evaluation determination			
	a. No additional assessment required			
	b. Yes, requires additional assessment, if yes, do c.			
	c. Validate disability standards met (see attached)			
4	Current parent input			
5	Current classroom-based observations			
6	Teachers / related service providers observations			
7	Current Re-evaluation within 3 years of previous date.			
F.	Procedural Safeguards (reevaluation)	XXXXXXXX	XXXXXX	
1	Prior Written Notice (PWN)for re-eval. Date: _____			
2	Consent for re-evaluation or doc. of effort.			
3	Prior Written Notice for Change of Placement.			
G.	Invitation to a Meeting (Review any invitation sent within last year)	XXXXXXXXXX	XXXXXX	
1	Parent invited			
2	Student invited(at age 14 or earlier, if appropriate)			
3	Transition box checked (at 14 or earlier, if appropriate)			
4	Invitation at least 10 days prior to meeting			

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

Easy IEP DATA SHEET

Page 1

A5

School System _____ Completed By _____ Date Completed _____

Student _____ School _____ DOB _____ Grade _____

Date of IEP _____ Current: Yes _____ No _____ Primary Disability _____

+/- or NA

	CURRENT DESCRIPTIVE INFORMATION (CDI)	LEA	TDOE	COMMENTS (if Minus)
1	Student's Strengths			
2	Parent's Concerns			
3	Disability Affects			

PRESENT LEVELS OF PERFORMANCE (PLOP)

1	Source of Information			
2	Area(s) Assessed			
3	Date (of Source of Information)			
4	Exceptional (Yes/No)			
5	Present Levels of Performance			
6	Prevocational/Vocational			

CONSIDERATION OF SPECIAL FACTORS FOR IEP DEVELOPMENT (COSF)

1	Limited English Proficiency			
2	Blind or Visually Impaired			
3	Communication Needs			
4	Deaf or Hard of Hearing			
5	Assistive Technology			
6	Behavior Impedes Learning of Self or Others			

TRANSITION SERVICES PLANNING* (TSP)

For Lines "2" and "4", Check area(s) if "+"

1	Age-appropriate Transition Assessment used in the Development of each MPSG			Examples: (Comp. Vocational Evaluation, Interest Inventory, Student Work, Etc.)
2	Measurable Post Secondary Goals (MPSGs) Stated for any of (4) areas (Desired Post School Outcomes)			Employment _____ Post School Education/Training _____ Community Involvement _____ Independent/Supported Living _____ (If applicable.)
3	Course of Study Aligned to MPSG(s) in IEP			(Transition Services Needed)
4	For each MPSG, at Least One Transition Service is Listed for the Measurable Post Secondary Goal (MPSG) (Activities/Strategies – Transition Services)			Community Expers. _____ Daily Living Objectives _____ Emp. & Post Sch. Adult Living Objectives _____ Functional Vocation Eval. _____ (when appropriate) Instruction _____ Other _____ Related Services
5	For MPSG(s), Evidence of Coordination between LEA & Other Postsecondary Service			(Agency/Person Responsible)
6	For each MPSG, at Least One (1) Goal Listed in IEP			See Goal Pages
7	Overall, does the IEP include coordinated, measurable annual IEP goals and transition services that will reasonably enable the student to meet the postsecondary goals?			If "(-)" for any area 1-6, then Line 7 <u>must</u> be marked "(-)"
8	Agency Participation (Not Required)			
9	Student Attendance (Not Required)			Attended _____ Did Not Attend _____
10	If student did not attend, preferences and interests were considered			
11	"Other" described, if applicable for #10			

* Mark through this section, if the student has no Transition Plan.

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

Easy IEP DATA SHEET

Page 2

A5

School _____
System _____ School _____

Student _____ Grade _____ Date _____

+/- or NA

LEA TDOE

COMMENTS (If Minus)

MEASURABLE ANNUAL GOALS & BENCHMARKS/SHORT TERM OBJECTIVES (*MAG & B/STO*)

1	Area of Need(s)			
2	Personnel/Position Responsible			
3	Annual Goal (for each area of need)			
4	Benchmarks/Short Term Objectives if applic.			
5	Anticipated Beginning Dates			
6	Criteria for Mastery			
7	Methods of Evaluation			
8	Program Mod/Supports for School Personnel			
9	Supplementary Aids/Services for Student			

PROGRAM PARTICIPATION (*PP*)

1	Accommodations/Modifications-Gen. Ed Program			
---	--	--	--	--

STATE/DISTRICT MANDATED TESTS (*S/D MT*)

1	Student will participate:			
2	Participation in TCAP-ALT			Participating - Yes _____ No _____

TCAP ACCOMMODATIONS (*TA*)

1	TCAP-Accommodations, as applicable			
---	------------------------------------	--	--	--

SPECIAL EDUCATION AND RELATED SERVICES – Consultation (*SEARS – C*)

(Complete sections for Consultation, Direct Services, and Related Services, as applicable.)

1	Service Code and Type of Service			
2	Provider Title			
3	Sessions Per Week			
4	Time Per Session			
5	Hours Per Week			
6	Beginning-Ending Date			
7	Location of Services			

SPECIAL EDUCATION AND RELATED SERVICES – Direct Services (*SEARS – DS*)

1	Service Code and Type of Service			
2	Provider Title			
3	Sessions Per Week			
4	Time Per Session			
5	Hours Per Week			
6	Beginning-Ending Date			
7	Location of Services			

SPECIAL EDUCATION AND RELATED SERVICES – Related Services (*SEARS – RS*)

1	Service Code and Type of Service			
2	Provider Title			
3	Sessions Per Week			
4	Time Per Session			
5	Hours Per Week			
6	Beginning-Ending Date			
7	Location of Services			

SPECIAL EDUCATION AND RELATED SERVICES – Hours Per Week (*SEARS – HPW*)

8	Total SPED hours per week			Hours: _____ Min: _____
9	Total Gen. Ed. hours per week			Hours: _____ Min: _____

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

Easy IEP DATA SHEET
Page 3

A5

School System _____ School _____

Student _____ Grade _____ Date _____

+/- or NA

LEA TDOE

COMMENTS (If Minus)

LRE & GENERAL EDUCATION (<i>LRE & GE</i>)			
1	The Regular Class		
2	Extra curricular or Nonacademic Activities		
3	Home School		

SPECIAL TRANSPORTATION (*ST*)

1	Special Transportation			Provided: Yes _____ No _____
---	------------------------	--	--	------------------------------

EXTENDED SCHOOL YEAR (*ESY*)

1	Extended School Year			Provided: Yes _____ No _____
---	----------------------	--	--	------------------------------

IEP PARTICIPANTS (*IP*)

1	Parent			
2	Student, If applicable			
3	LEA Representative			Excusal Appr/Documented Yes _____ No _____
4	Special Education Teacher			Excusal Appr/Documented Yes _____ No _____
5	Regular Education Teacher			Excusal Appr/Documented Yes _____ No _____
6	Interpreter of Test Results, if applicable			(May be NA)

INFORMED PARENTAL CONSENT (*IPC*)

1	Informed Parent Consent Noted (All areas checked with Parental Signature and Date)			
2	Date IEP Given to Parent			
3	LEA person responsible for sending IEP, If Parent Did Not Attend			(NA – if parent attended)

DOCUMENTATION OF IEP REVIEW BY OTHER TEACHERS NOT IN ATTENDANCE (*DOIR*)

1	IEP Review by Teachers Not Attending/Signatures (If all attended IEP meeting who are responsible for implementing IEP, this should be noted in this area.)			
---	--	--	--	--

PROGRESS REPORT

INDIVIDUAL EDUCATION PROGRAM PROGRESS REPORT (*IPR*)

1	Actual Date Sent to Parent/Guardian			
2	Annual Goal			
3	Progress Toward Annual Goal Documented			

Revised July 20, 2007

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

TALLY FORM - EasyIEP DATA SHEET – Page 1
(Data Source for Indicator #11b)

A5a

School System _____ Completed By _____ Date Completed _____

Total Files Reviewed by School System _____ (Of these, Total Reviewed with Transition Plans): _____

Total Files Reviewed by TDOE _____ X 10% = _____. (Exception Rate)

Exception Rate: This number of minuses on any line represents an exception and should be addressed in a PIP.

Of those files reviewed above, total reviewed with Transition Plans: _____ NOTE: Any % of minuses in the transition plan results in a PIP.)

TDOE Consultant _____ School Year _____

Check:

Systemwide Tally Yes _____ No _____ School _____ (If School Only Tally)
PIP

Required

CURRENT DESCRIPTIVE INFORMATION (CDI)		MINUSES	Total Minuses	Yes/No
1	Student's Strengths			
2	Parent's Concerns			
3	Disability Affects			

PRESENT LEVELS OF PERFORMANCE (PLOP)

1	Source of Information			
2	Area(s) Assessed			
3	Date (of Source of Information)			
4	Exceptional (Yes/No)			
5	Present Levels of Performance			
6	Prevocational/Vocational			

CONSIDERATION OF SPECIAL FACTORS FOR IEP DEVELOPMENT (COSF)

1	Limited English Proficiency			
2	Blind or Visually Impaired			
3	Communication Needs			
4	Deaf or Hard of Hearing			
5	Assistive Technology			
6	Behavior Impedes Learning of Self or others			

TRANSITION SERVICES PLANNING (TSP)

1	Age-appropriate Transition Assessment used in the Development of each MPSG			
2	Measurable Post Secondary Goals (MPSGs) Stated for any of (4) areas (Desired Post School Outcomes)			
3	Course of Study Aligned to MPSG(s) in IEP			
4	For each MPSG, at Least One Transition Service is Listed for the Measurable Post Secondary Goal (MPSG)			
5	For MPSG(s), Evidence of Coordination between LEA & Other Postsecondary Service			
6	For each MPSG, at Least One (1) Goal Listed in the IEP			
7	Overall, does the IEP include coordinated, measurable annual IEP goals and transition services that will reasonably enable the student to meet the postsecondary goals?			
8	Agency Participation (Not Required)			
9	Student Attendance (Not Required)			
10	If student did not attend, preferences and interests were considered			
11	"Other" described, if applicable for #10			

Cyclical Performance Review for Local Education Agencies (CPR For LEAs) A5a
TALLY FORM - EasyIEP DATA SHEET – Page 2

SCHOOL SYSTEM

MEASURABLE ANNUAL GOALS & BENCHMARKS/SHORT TERM OBJECTIVES (MAG & B/STO) *PIP Required*

		MINUSES	Total Minuses	Yes/No
1	Area of Need(s)			
2	Personnel/Position Responsible			
3	Annual Goal (for each area of need)			
4	Benchmarks/Short Term Objectives if applic.			
5	Anticipated Beginning Dates			
6	Criteria for Mastery			
7	Methods of Evaluation			
8	Program Mod/Supports for School Personnel			
9	Supplementary Aids/Services for Student			

PROGRAM PARTICIPATION (PP)

1	Accommodations/Modifications-Gen. Ed Program			
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STATE/DISTRICT MANDATED TESTS (S/D MT)

1	Student will participate:			
2	Participation in TCAP-ALT			

TCAP ACCOMMODATIONS (TA)

1	TCAP-Accommodations, as applicable			
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SPECIAL EDUCATION AND RELATED SERVICES – Consultation (SEARS – C)

(Complete sections for Consultation, Direct Services, and Related Services, as applicable.)

1	Service Code and Type of Service			
2	Provider Title			
3	Sessions Per Week			
4	Time Per Session			
5	Hours Per Week			
6	Beginning-Ending Date			
7	Location of Services			

SPECIAL EDUCATION AND RELATED SERVICES – Direct Services (SEARS- DS)

1	Service Code and Type of Service			
2	Provider Title			
3	Sessions Per Week			
4	Time Per Session			
5	Hours Per Week			
6	Beginning-Ending Date			
7	Location of Services			

SPECIAL EDUCATION AND RELATED SERVICES – Related Services (SEARS – RS)

1	Service Code and Type of Service			
2	Provider Title			
3	Sessions Per Week			
4	Time Per Session			
5	Hours Per Week			
6	Beginning-Ending Date			
7	Location of Services			

SPECIAL EDUCATION AND RELATED SERVICES – Hours Per Week (SEARS-HPW)

8	Total SPED hours per week			
9	Total Gen. Ed. hours per week			

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

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TALLY FORM - Easy IEP DATA SHEET - Page 3

SCHOOL SYSTEM _____

LRE AND GENERAL EDUCATION (LRE & GE)		MINUSES	Total Minuses	PIP Required Yes/No
1	The Regular Class			
2	Extra curricular or Nonacademic Activities			
3	Home School			

SPECIAL TRANSPORTATION (ST)				
1	Special Transportation			

EXTENDED SCHOOL YEAR (ESY)				
1	Extended School Year			

IEP PARTICIPANTS (IP)				
1	Parent			
2	Student, If applicable			
3	LEA Representative			
4	Special Education Teacher			
5	Regular Education Teacher			
6	Interpreter of Test Results, if applicable			

INFORMED PARENTAL CONSENT (IPC)				
1	Informed Parent Consent Noted (All areas checked with Parental Signature and Date)			
2	Date IEP Given to Parent			
3	LEA person responsible for sending IEP, if Parent Did Not Attend			

DOCUMENTATION OF IEP REVIEW BY OTHER TEACHERS NOT IN ATTENDANCE (DOIR)				
1	IEP Review by Teachers Not Attending/Signatures (If all attended who are responsible for implementing IEP, this should be noted in this area.)			

PROGRESS REPORT

INDIVIDUAL EDUCATION PROGRAM PROGRESS REPORT (IPR)				
1	Actual Date Sent to Parent/Guardian			
2	Annual Goal			
3	Progress Toward Annual Goal Documented			

Revised July 20, 2007

LEA List of Student Records Reviewed

(Complete one for each school. Submit to TDOE 2 weeks prior to visit)

School System _____ **School** _____

[illegible]

Summary of Performance Review Sheet
(Indicator 11b)

1. Did the student terminate eligibility by graduating from secondary school with a regular diploma or exceed the age eligibility for a free appropriate public education under State law?

_____ yes _____ no _____ n/a

2. Did the LEA develop and provide the student with a summary of academic achievement and functional performance including recommendations to assist the student in meeting his or her postsecondary goals?

_____ yes _____ no _____ n/a

3. Does the summary of performance provide the student with a summary of his/her academic achievement and functional performance?

_____ yes _____ no _____ n/a

4. Does the summary of performance include recommendations on how to assist the student in meeting his/her postsecondary goals?

_____ yes _____ no _____ n/a

5. Was a prior written notice provided for this change in placement?

_____ yes _____ no _____ n/a

6. Is there evidence that an exit IEP meeting was conducted?

_____ yes _____ no _____ n/a

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

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Summary of Performance Review Tally Sheet (Indicator 11b)

1. Did the student terminate eligibility by graduating from secondary school with a regular diploma or exceed the age eligibility for a free appropriate public education under State law?

TOTAL: _____ yes _____ no _____ n/a

2. Did the LEA develop and provide the student with a summary of academic achievement and functional performance including recommendations to assist the student in meeting his or her postsecondary goals?

TOTAL: _____ yes _____ no _____ n/a

3. Does the summary of performance provide the student with a summary of his/her academic achievement and functional performance?

TOTAL: _____ yes _____ no _____ n/a

4. Does the summary of performance include recommendations on how to assist the student in meeting his/her postsecondary goals?

TOTAL: _____ yes _____ no _____ n/a

5. Was a prior written notice provided for this change in placement?

TOTAL: _____ yes _____ no _____ n/a

6. Is there evidence that an exit IEP meeting was conducted?

TOTAL: _____ yes _____ no _____ n/a

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

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LOCAL STEERING COMMITTEE INVITEES (Typed)

LEA _____

_____ Name	_____ Position	_____ Name	_____ Position
_____ Name	_____ Position	_____ Name	_____ Position
_____ Name	_____ Position	_____ Name	_____ Position
_____ Name	_____ Position	_____ Name	_____ Position
_____ Name	_____ Position	_____ Name	_____ Position
_____ Name	_____ Position	_____ Name	_____ Position
_____ Name	_____ Position	_____ Name	_____ Position
_____ Name	_____ Position	_____ Name	_____ Position
_____ Name	_____ Position	_____ Name	_____ Position
_____ Name	_____ Position	_____ Name	_____ Position

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

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LOCAL STEERING COMMITTEE ATTENDEES (Signatures)

LEA _____

_____ Name	_____ Position	_____ Name	_____ Position
_____ Name	_____ Position	_____ Name	_____ Position
_____ Name	_____ Position	_____ Name	_____ Position
_____ Name	_____ Position	_____ Name	_____ Position
_____ Name	_____ Position	_____ Name	_____ Position
_____ Name	_____ Position	_____ Name	_____ Position
_____ Name	_____ Position	_____ Name	_____ Position
_____ Name	_____ Position	_____ Name	_____ Position
_____ Name	_____ Position	_____ Name	_____ Position
_____ Name	_____ Position	_____ Name	_____ Position
_____ Name	_____ Position	_____ Name	_____ Position

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

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(For TDOE Use Only)

EXIT CONFERENCE AGENDA

YEAR #1

- A. Introductions**
- B. Distribution of Handouts**
- C. Overview of CPR Process**
- D. Review of Self Assessment: Findings/Commendations/Improvement Needs**
- E. Next Steps**
- F. Questions/Comments**
- G. Adjourn**

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

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Reunion Steering Committee Meeting (Year III) Agenda

- A. Introductions**

- B. Review of CPR Process**
 - a. Program Improvement Plan (PIP) Review**
 - Actions Taken
 - Summary of Improvements Made

 - b. Post-School Follow up Survey (If Completed)**
 - Implications for Transition Planning Process

- C. Next Steps**
 - a. Actions needed to prepare for next self assessment**
 - b. Timeline for Years 1, 2, 3 and 4**

- D. Discussion**

- E. Questions/Answers**

- F. Adjourn**